

<b>Case Number:</b>	CM13-0061182		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63-year-old female whose date of injury is April 20, 2009. On this date the patient fell from a ladder and fractured her left wrist. MRI of the left wrist from May 20, 2012 has impression of slight increased signal intensity seen within the scaphoid consistent with geode formation. No osteochondral defect or trabecular fracture is present. There is mild effusion seen within the radiocarpal and ulnocarpal joints. No ganglion cyst formation. The carpal tunnel is normal with no median nerve thickening. The patient underwent left wrist radiocarpal arthrodesis on February 4, 2013, removal of hardware on April 8, 2013 and excision of left distal ulna on July 15, 2013. Follow up note dated July 26, 2013 indicates that the patient has started therapy. Sensory and motor exam are intact. The patient has full range of motion of the digits of the left hand. Follow up note dated August 26, 2013 indicates that this patient continues to have discomfort in the left wrist. Her range of motion is Improving. She had limited therapy with no additional therapy approved. The patient has intermittent numbness and tingling in the left hand. On physical examination there is mild supination actively with moderate supination passively. Moderate active pronation of the left forearm is noted. There is mild tenderness dorsal and ulnar aspects of left wrist. Full range of motion in all digits left hand is reported. Sensory and motor exam intact. Tinel's is negative at the median/ulnar nerves left wrist and ulnar nerve left elbow. The patient completed 22 occupational therapy visits between July 25 and October 31, 2013 and was authorized for an additional 6 sessions in November. Physical examination on October 30, 2013 notes mild-to-moderate tenderness at the left wrist first dorsal compartment. Finkelstein: Positive. Mild-to moderate tenderness overlying the dorsal-ulnar aspect of the left wrist at the ECU tendon. Left wrist flexion: 20/extension: 30. Full pronation with 60 degrees of supination. There is no instability at the distal ulna.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**TWELVE (12) OCCUPATIONAL THERAPY SESSIONS; THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: The Post-Surgical Treatment Guidelines, ,

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 19.

**Decision rationale:** Based on the clinical information provided, the request for 12 occupational therapy sessions is not recommended as medically necessary. The patient underwent left wrist radiocarpal arthrodesis on February 4, 2013, removal of hardware on April 8, 2013 and excision of left distal ulna on July 15, 2013. The patient completed 22 occupational therapy visits between July 25, 2013 and October 31, 2013 and was authorized for an additional 6 sessions in November. CA MTUS guidelines support up to 24 sessions of therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The request for occupational therapy, three times weekly for four weeks, is not medically necessary or appropriate.